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				LMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ST. ANTHON	NY'S CLUB OF FALMO	UTH INC.	
DOING BUSI	NESS A			
ADDRESS 28	BRICK KILN RD			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02	2536
MANAGER:	GOULART, RONAL F.	TYPE OF LICENSE: CI	ub CATE	GORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
ONE FLOOR,	TWO ROOMS, CELI	LAR USED FOR REC R	OOM	
	y and swear under pena	- · ·		
		**	e same premises now lices	
	*		monwealth relating to tax	es; and
3. the	premises are now ope	n for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
We the under Acts of 2004,	rsigned, attest that we signed by the buildin	e are in possession (1) the		y Chapter 304 of the for the above
We the under Acts of 2004, named license of 2010.	rsigned, attest that we signed by the building e and (2) the certifica	e are in possession (1) the	(Note: <u>NOT</u> Individunce certificate required by d of the fire department	y Chapter 304 of the t for the above pter 116 of the Acts
We the under Acts of 2004, named license of 2010.  Please Check Belo APPROVED:	rsigned, attest that we signed by the building and (2) the certifications:	e are in possession (1) the	(Note: <u>NOT</u> Individunce certificate required by d of the fire department urance required by Cha	y Chapter 304 of the t for the above pter 116 of the Acts
We the under Acts of 2004, named license of 2010.  Please Check Beld APPROVED: DISAPPROVE	rsigned, attest that we signed by the building and (2) the certifications:	e are in possession (1) the	(Note: NOT Individunt certificate required by do of the fire department urance required by Change LOCAL LICENSING	y Chapter 304 of the t for the above pter 116 of the Acts
We the under Acts of 2004, named license of 2010.  Please Check Belo APPROVED:	rsigned, attest that we signed by the building and (2) the certifications:	e are in possession (1) the	(Note: NOT Individunce certificate required by do of the fire department urance required by Cha	y Chapter 304 of the t for the above pter 116 of the Acts
We the under Acts of 2004, named license of 2010.  Please Check Beld APPROVED: DISAPPROVE	rsigned, attest that we signed by the building and (2) the certifications:	e are in possession (1) the	(Note: NOT Individunce certificate required by do of the fire department urance required by Cha	y Chapter 304 of the t for the above pter 116 of the Acts
We the under Acts of 2004, named license of 2010.  Please Check Beld APPROVED: DISAPPROVE	rsigned, attest that we signed by the building and (2) the certifications:	e are in possession (1) the	(Note: NOT Individunce certificate required by do of the fire department urance required by Cha	y Chapter 304 of the t for the above pter 116 of the Acts



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LICENSE NUI	MBER: 039000004		CITY OR TOWN	FALMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: FALMOUTI	H GOLF MANAGEMENT I	LLC	
DOING BUSI	NESS A FALMOUT	ΓΗ COUNTRY CLUB		
ADDRESS 630	O CARRIAGE SHO	P RD		
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02536
MANAGER:	BURGESS, MATTHEW W.	TYPE OF LICENSE: Res	taurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
FOUNDATION HOUSE all 18	N LOCATED DIRECTORY holes of golf course,	ON BEHIND CLUBHOUSE CTLY BEHIND CLUBHOU , all 9 holes of TALON GO USING A MOTORIZED SI	JSE AND A SNAC LF COURSE; TO S	KSHOP HALFWAY SERVE AND
2. the	licensee has complie	be of the same type for the sed with all laws of the Common for business (If not explain	nonwealth relating to	
SIGNED BY	Individual, F	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire departs	nent for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN FALMOUTH
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: FALMOUTH ROD & GUN CLUB IN	C.
DOING BUSINESS A	
ADDRESS 203 CARRIAGESHOP RD.	
CITY/TOWN: FALMOUTH STATE: MA	ZIP CODE: 02536
MANAGER: PARKER, THOMASTYPE OF LICENSE:CI	ub CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR; DINING ROOM, MEETING ROOM, SERVI BOILER ROOM	NG ROOM, PATIO. CELLAR; BAR AND
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	•
2. the licensee has complied with all laws of the Com	· ·
3. the premises are now open for business (If not exp	lain below)
SIGNED BY	
Individual, Partner or Authorized Corp	orate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.	(Note: NOT Individual Social Security Number)  ne certificate required by Chapter 304 of the d of the fire department for the above
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instance.	(Note: NOT Individual Social Security Number)  ne certificate required by Chapter 304 of the d of the fire department for the above
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.  Please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.  Please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 039000010		CITY OR TOWN	FALMOUT	Н
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	Three of a Kind, I	nc			
DOING BUSINESS	A THREE OF A K	IND			
ADDRESS 70 DAV	IS STRAITS				
CITY/TOWN: FAI	LMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: Ledg	ger, Mark A. TY	PE OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF					
Front entrance, two s	side entrances with h	andicap ramps. Back d	loor kitchen entran	ce, 3116 sq ft	
I hereby certify and	•				
1. the renew	ved license will be of	the same type for the	same premises now	licensed;	
2. the licens	see has complied with	h all laws of the Comm	nonwealth relating t	to taxes; and	
3. the premi	ises are now open for	r business (If not expla	in below)		
SIGNED BY	Individual Partna	r or Authorized Corpo	rata Officar		
	marviduai, i artiic	of Authorized Corpor	rate Officer		
DATE:	TELEDUON	NE NUMBER:	EMPLOYE	R IDENTIFICATI	ON NUMBER:
	TELEFIIO	NE NOMBER.		dividual Social Se	
We the undersigne	d attact that we are	e in possession (1) the	contificate recuir	ad by Chanta	n 201 of the
		e in possession (1) the ispector and the head			
named license and		f liquor liability insur			
of 2010.					
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	aın)				
DATE:					



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LICENSE NUI	MBER: 039000014		CITY OR TOWN FALM	MOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: P.C.'S INCO	RPORATED		
DOING BUSI	NESS A PAUL'S PIZ	ZZA		
ADDRESS 14	BENHAM RD			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 0254	0
MANAGER:	NOONAN, DEBORAH A.	TYPE OF LICENSE: R	Restaurant CATEGO	DRY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PF	REMISES:		
DINING ROO	M, PIZZA ROOM A	ND KITCHEN		
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now license	d;
2. the	licensee has complied	d with all laws of the Cor	nmonwealth relating to taxes;	and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the he	the certificate required by C ad of the fire department fo surance required by Chapte	r the above
Please Check Belo	ow:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappiovec	і слрівііі)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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LICENSE NUMBER: 039000019	1	CITY OR TOWN FALMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CINN CORP		
DOING BUSINESS A COONAMES	SETT INN	
ADDRESS 311 GIFFORD ST.		
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02540
MANAGER: UNDERDAH, JAMES D. JR.	TYPE OF LICENSE: Innh	older CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PRE	MISES:	
MAIN BLDG;FIRST FLOOR,TWO I CONNECTING COCKTAIL LOUNG LOUNGE,BAR,OUTSIDE PATIO,B	GE, KITCHEN,TERRACE	E,ATTACHED COCKTAIL
I hereby certify and swear under pena	lties of perjury that:	
1. the renewed license will be	e of the same type for the s	same premises now licensed;
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open	for business (If not explain	in below)
SIGNED BY Individual, Par	tner or Authorized Corpor	rate Officer
DATE: TELEDI		EMPLOYED IDENTIFICATION NUMBER.
TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		
······································		



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LICENSE NUMBER: 039	9000029	C	ITY OR TOWN	FALMOUT	Ή
APPLICATION FOR RE	NEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: CADOING BUSINESS A ADDRESS 37 HIGHFIE		CLUB INC.			
CITY/TOWN: FALMO	UTH ST	ΓATE: MA	ZIP CODE:	02540	
MANAGER: SCOTT, O	GUILFORDTYPE OF	LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEAS  DESCRIPTION OF LICE	SE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMAIL	L ADDRESS		
ONE LARGE ROOM AN ON LEVEL LAND ON L CORNER OF BLDG. PA HIGHFIELD DRIVER LINE;RIGHT ON NORT HEDGE OF THE BUILD	INE RUNNING SOU RALLEL TO PARKI IGHT AT 90 DEGRE HEAST LINE. RUNN	THWEST FROM ING LOT FOR A ES NORTHWES	THE SOUTHW DITANCE OF 8 T 40' TOWARD	EST FRONT 5' TOWARD HEDGE	
I hereby certify and swear	r under penalties of per	rjury that:			
	cense will be of the sar				
2. the licensee ha	as complied with all law	ws of the Common	nwealth relating t	to taxes; and	
		AC 1.			
3. the premises a	re now open for busine	ess (If not explain	below)		
SIGNED BY	re now open for busing				
SIGNED BY					
SIGNED BY		nthorized Corporat	e Officer  EMPLOYE	R IDENTIFICATI dividual Social Se	
SIGNED BY	dividual, Partner or Au TELEPHONE NUI test that we are in pot	nthorized Corporate  MBER:  ssession (1) the core and the head of	EMPLOYEI (Note: NOT Incertificate require	dividual Social Second	ecurity Number) er 304 of the above
DATE:  We the undersigned, at Acts of 2004, signed by named license and (2) the signed by the signed	dividual, Partner or Au TELEPHONE NUI test that we are in pot	nthorized Corporate MBER:  ssession (1) the core and the head of r liability insurate	EMPLOYEI (Note: NOT Incertificate require	ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts
DATE:  We the undersigned, at Acts of 2004, signed by named license and (2) the formula of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	dividual, Partner or Au TELEPHONE NUI test that we are in pot	nthorized Corporate MBER:  ssession (1) the core and the head of r liability insurate	EMPLOYER (Note: NOT Incertificate require f the fire departed by	ed by Chapte ment for the Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBE	ER: 039000030		CITY OR TOWN	FALMOUTH
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: FALMOUTH MO	OTEL LLC		
DOING BUSINESS	S A HOLIDAY INN	ī		
ADDRESS 291 JO	NES RD.			
CITY/TOWN: FA	LMOUTH	STATE: MA	ZIP CODE:	02540
	DERSON, TY BERT	PE OF LICENSE: Inn	holder Ca	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	F LICENSED PREM			
	) ROOMS ON EACH A AND FUNCTION	I FLOOR,CELLAR US I ROOMS	SED FOR STORAG	E. DINING
I hereby certify and	l swear under penaltie	es of perjury that:		
1. the rene	wed license will be or	f the same type for the	same premises now	licensed;
2. the licer	see has complied wit	th all laws of the Comm	nonwealth relating to	o taxes; and
3. the pren	nises are now open fo	or business (If not expla	nin below)	
-	*			
	•			
SIGNED BY				
SIGNED BY		er or Authorized Corpo		
SIGNED BY		er or Authorized Corpo		
		er or Authorized Corpo		
SIGNED BY  DATE:	Individual, Partne	er or Authorized Corpo	erate Officer  EMPLOYER	LIDENTIFICATION NUMBER:
	Individual, Partne		erate Officer  EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)
DATE:  We the undersign Acts of 2004, sign	Individual, Partne TELEPHOI  ed, attest that we ar ed by the building in	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Indece certificate require	ividual Social Security Number) ed by Chapter 304 of the
DATE: We the undersign Acts of 2004, sign named license and	Individual, Partne TELEPHOI  ed, attest that we ar ed by the building in	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Indece certificate required lof the fire departs rance required by	ed by Chapter 304 of the ment for the above
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	Individual, Partne TELEPHOI  ed, attest that we ar ed by the building in	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Indece certificate required lof the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	Individual, Partner  TELEPHOR  ed, attest that we ar ed by the building in d (2) the certificate of	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Indecentificate required of the fire department	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	Individual, Partner  TELEPHOR  ed, attest that we ar ed by the building in d (2) the certificate of	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Indecentificate required of the fire department	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	Individual, Partner  TELEPHOR  ed, attest that we ar ed by the building in d (2) the certificate of	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Indecentificate required of the fire department	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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	CITY OR TOWN FALMOUTH
Annual	LICENSED FOR 2013
CLASS	YEAR
NC.	
STATE: MA	ZIP CODE: 02540
E OF LICENSE: Res	taurant CATEGORY: All Alcohol
BSITE AND ENTER YOUR EN	MAIL ADDRESS
ES:	
WO ENTRANCES I	IN THE FRONT AND ONE
of perjury that:	
he same type for the	same premises now licensed;
all laws of the Comn	nonwealth relating to taxes; and
business (If not expla	in below)
or Authorized Corpo	rate Officer
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)
	individual Bootal Becarity Number)
pector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	CLASS NC.  STATE: MA E OF LICENSE: Res  BITE AND ENTER YOUR EM ES: WO ENTRANCES I of perjury that: he same type for the all laws of the Comn business (If not explain or Authorized Corpo



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000033	C	LITY OR TOWN FALMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: 77 WATER STREET	ΓINC	
DOING BUSINESS A CAPT. KIDD RES	TAURANT	
ADDRESS 77 WATER STREET		
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02543
MANAGER: BELFIORE, TYPE FRANK J.	OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREMISE		
ONE FLOOR; BAR, COCKTAIL LOUNG		ND KITCHEN. STORAGE ROOM
I hereby certify and swear under penalties o		
1. the renewed license will be of the	* *	•
2. the licensee has complied with a		•
3. the premises are now open for bu	asiness (If not explain	n below)
SIGNED BY  Individual Partner of	r Authorized Corpora	ute Officer
marvidual, I articl O	i Addiorized Corpora	ac officer
DATE: TELEPHONE	NILIMDED.	EMPLOYER IDENTIFICATION NUMBER:
TEEEI HONE	NOMBER.	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insponamed license and (2) the certificate of li of 2010.	ector and the head o	
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 039000035		CITY OR TOWN	FALMOUTH
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	ISED FOR 2013 YEAR
	E: FUZZY CORP. S A QUARTER DEC AIN STREET	K RESTAURANT		
CITY/TOWN: FA	ALMOUTH	STATE: MA	ZIP CODE:	02536
MANAGER: JAC	RVIS, ROBERT TY	PE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
DINING ROOM, I I hereby certify and 1. the rene 2. the licer	F LICENSED PREMI DOWNSTAIRS DINII d swear under penaltie ewed license will be of nisee has complied with mises are now open for	SES:  NG ROOM, KITCH s of perjury that:  the same type for the all laws of the Core	EN,CELLAR FOR S  the same premises now any	licensed;
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer	
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sign	ned by the building in	spector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUI	MBER: 039000038		CITY OR TOWN FALM	OUTH
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: M & C ENTERI	PRISES INC.		
DOING BUSIN	NESS A TOWNE TAV	ERN		
ADDRESS 360	0 MAIN STREET			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER:	RUBINO, GERARD T M.	'YPE OF LICENSE: Re	estaurant CATEGOI	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
ONE FLOOR,	THREE ROOMS, OFF	ICE AND STORAGE		
I hereby certify	and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for th	e same premises now licensed	••••••••••••••••••••••••••••••••••••••
2. the	licensee has complied w	ith all laws of the Com	nmonwealth relating to taxes; a	and
3. the	premises are now open f	for business (If not exp	lain below)	
SIGNED BY	Individual, Partı	ner or Authorized Corp	porate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the building	inspector and the hea	he certificate required by Ch ad of the fire department for urance required by Chapter	the above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	і елріані)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED B	Y LICENSEES DURING THE !	MONTH OF NOVEMBER (M.G.L. Ch. 13	88 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000040	CIT	Y OR TOWN	FALMOUT	Ή
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: PEKING PALACE OF	F FALMOUTH INC.			
DOING BUSINESS A				
ADDRESS 452 MAIN STREET				
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: HONG, SI PAIU TYPE O	OF LICENSE: Restaura	nt CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSIT	ΓΕ AND ENTER YOUR EMAIL AI	DDRESS		
DESCRIPTION OF LICENSED PREMISES	:			
DINING ROOM, KITCHEN, LOUNGE AN	ID BAR			
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the same	premises now	licensed;	
2. the licensee has complied with all	laws of the Commonw	ealth relating to	taxes; and	
3. the premises are now open for bus	siness (If not explain be	low)		
SIGNED BY Individual, Partner or	Authorized Corporate (	Officer		
DATE: TELEPHONE N				
	IUMBER:			ION NUMBER:
	IUMBER:	EMPLOYER (Note: NOT Ind		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspecnamed license and (2) the certificate of liquof 2010.	possession (1) the cert	(Note: <u>NOT</u> Ind ificate require ne fire departr	ividual Social S	er 304 of the above
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectate of liquid the certificate of liq	possession (1) the cert ctor and the head of tl uor liability insurance	(Note: <u>NOT</u> Ind ificate require ne fire departr	ividual Social So ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010.  Please Check Below: APPROVED:	possession (1) the cert ctor and the head of tl uor liability insurance	(Note: NOT Ind  ificate require ne fire departs e required by 0	ividual Social So ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectate of liquid for 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	possession (1) the cert ctor and the head of the uor liability insurance	(Note: NOT Ind  ificate require ne fire departs e required by 0	ividual Social So ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010.  Please Check Below: APPROVED:	possession (1) the cert ctor and the head of the uor liability insurance	(Note: NOT Ind  ificate require ne fire departs e required by 0	ividual Social So ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectate of liquid for 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	possession (1) the cert ctor and the head of the uor liability insurance	(Note: NOT Ind  ificate require ne fire departs e required by 0	ividual Social So ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBER: 039000043	•	II Y OK TOWN	FALMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FALMOUTH JAD DOING BUSINESS A	E, INC.		
ADDRESS 00143- 145 MAIN STREET			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02536
MANAGER: QUI WU,KIM TYI	PE OF LICENSE: Resta	urant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMIS RESTAURANT WITH EGRESS TO DIS ADJACENT WITH SEPARATE EGRES EGRESS;LIQUOR STORAGE IN LOCK	NING AREA, SEPARA SS;PARTIONED KITC	HEN AREA WITH	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the sa	ame premises now lic	censed;
2. the licensee has complied with	all laws of the Commo	nwealth relating to t	axes; and
3. the premises are now open for	business (If not explain	n below)	
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer	
DATE: TELEPHON	E NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building insnamed license and (2) the certificate of of 2010.	spector and the head	of the fire departme	ent for the above
Please Check Below:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п аваррготов охрани)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000044		CITY OR TOWN	FALMOUT	ГН
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: AM Dining, Inc				
DOING BUSINESS A THE GOLDEN S	WAN Indian Cuisine			
ADDRESS 00323- 325 MAIN STREET				
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: Thind, Malkit S. TYI	PE OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISMAIN DINING ROOM, KITCHEN, CELL I hereby certify and swear under penalties  1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for  SIGNED BY	LAR FOR STORAGE s of perjury that: the same type for the all laws of the Comm	same premises now nonwealth relating t nin below)		
DATE: TELEPHON	E NUMBER:			TION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	l of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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APPLICATION FOR RENEWAL:  CLASS  CLASS  YEAR  LICENSEE NAME: MIDWAY TRAP AND SKEET CLUB OF FALMOUTH INC.  DOING BUSINESS A  ADDRESS OLD MEETINGHOUSE RD.  CITY/TOWN: FALMOUTH  STATE: MA  ZIP CODE:  02536  MANAGER: BAZYCKI,  TYPE OF LICENSE:Club  CATEGORY: All Alcohol  STANLEY P.  EMAIL ADDRESS:  PLASE ALSO VISTI OUR WEISHTE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  CLUB HOUSE, UPPER AND LOWER LEVEL AND PICNIC AREA  Thereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:  DISAPPROVED:  UISAPPROVED:	LICENSE NUMI	BER: 039000047		CITY OR TOWN	FALMOUT	Н
LICENSEE NAME: MIDWAY TRAP AND SKEET CLUB OF FALMOUTH INC.  DOING BUSINESS A  ADDRESS OLD MEETINGHOUSE RD.  CITY/TOWN: FALMOUTH STATE: MA ZIP CODE: 02536  MANAGER: BAZYCKI, TYPE OF LICENSE:Club CATEGORY: All Alcohol STANLEY P.  EMAIL ADDRESS:  FLESS ALSO VISIT OUR WEBSTIF AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  CLUB HOUSE, UPPER AND LOWER LEVEL AND PICNIC AREA  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensec has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DATE:	APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
DOING BUSINESS A ADDRESS OLD MEETINGHOUSE RD. CITY/TOWN: FALMOUTH STATE: MA ZIP CODE: 02536  MANAGER: BAZYCKI, TYPE OF LICENSE:Club CATEGORY: All Alcohol STANLEY P.  EMAIL ADDRESS:			CLASS		,	YEAR
CITY/TOWN: FALMOUTH STATE: MA ZIP CODE: 02536  MANAGER: BAZYCKI, TYPE OF LICENSE:Club CATEGORY: All Alcohol STANLEY P.  EMAIL ADDRESS:    FLEASE ALSO VISIT OUR WERSTIF AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  CLUB HOUSE, UPPER AND LOWER LEVEL AND PICNIC AREA  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:			AND SKEET CLUB	OF FALMOUTH I	NC.	
MANAGER: BAZYCKI, TYPE OF LICENSE; Club CATEGORY: All Alcohol STANLEY P.  EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  CLUB HOUSE, UPPER AND LOWER LEVEL AND PICNIC AREA  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	ADDRESS OLD	MEETINGHOUSE RD	) <b>.</b>			
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  CLUB HOUSE, UPPER AND LOWER LEVEL AND PICNIC AREA  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIG disapproved explain)	CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02536	
DESCRIPTION OF LICENSED PREMISES:  CLUB HOUSE, UPPER AND LOWER LEVEL AND PICNIC AREA  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: DISAPPROVED: DISAPPROVED: Ultimate the properties of		- ,	PE OF LICENSE: Clu	b C	ATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES:  CLUB HOUSE, UPPER AND LOWER LEVEL AND PICNIC AREA  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	EMAIL ADDRE	SS:				
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  Uff disapproved explain)  DATE:	CLUB HOUSE,	OF LICENSED PREMIS UPPER AND LOWER I	SES: LEVEL AND PICNIC			
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below;  APPROVED:  DISAPPROVED:  UIG disapproved explain)  DATE:	•	<u>*</u>			1	
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIG disapproved explain)  DATE:			• •			
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:   By:  DISAPPROVED:   (If disapproved explain)				· ·	o taxes; and	
Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)    We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below: LOCAL LICENSING AUTHORITY						
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  DATE:	SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  DATE:						
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  DATE:	DATE:	TELEPHON	IE NUMBER:			
APPROVED: By:  DISAPPROVED: [If disapproved explain)  DATE:	Acts of 2004, signamed license a	gned by the building in	spector and the head	l of the fire depart	ment for the	above
DISAPPROVED: [ [ ] (If disapproved explain) [ ]  DATE:				LOCAL LICENS	SING AUTHO	ORITY
(If disapproved explain)  DATE:	_	 <sub> </sub> .		By:		
·						
·	-					
·	DATE:			-		
- VANDER VERBER BENERAL VILLE BEEREN BATEL BATEL BATEL BUNNER DEN MAN DER VERMEN DER VILLE		ENEWAL MIICT DE EILED DV I	ICENSEES DUDING THE M		AGI Ch 120 ¢ 16	<u> </u>



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LICENSE NUMBER:	039000048		CITY OR TOWN	FALMOUT	ľH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	SEAFOOD SAM'S	F FALMOUTH, I	NC.		
ADDRESS 356 PALM					
CITY/TOWN: FALM	IOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: LEWIS P.	S, MICHAEL TYPE	OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DESCRIPTION OF L					
ONE FLOOR; DININ STORAGE	3 ROOM WITH GRI	EENHOUSE, KIT	CHEN, OFFICE- CI	ELLAR FOR	
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	d license will be of the	e same type for the	same premises now	licensed;	
2. the licensee	has complied with al	l laws of the Com	nonwealth relating t	o taxes; and	
3. the premise	s are now open for bu	siness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE :	NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explain	1)				
DATE:					



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LICENSE NUI	MBER: 039000049	•	CITY OR TOWN	FALMOUT	Ή
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: FALMOUTH LO	DGE #2380 B.P.O.E. C	F U.S.A. INC.		
DOING BUSIN	NESS A				
ADDRESS 140	PALMER AVE.				
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER:	COREY, ARTHUR TY W. JR	PE OF LICENSE: Club	CA	TEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
-	N OF LICENSED PREM				
	NGE,DINING ROOM,B. EMENT; MEMBERS LO		ND FLR; OFFICES	S AND STOR	RAGE
I hereby certify	and swear under penaltie	es of perjury that:			
1. the	renewed license will be of	f the same type for the s	ame premises now	licensed;	
2. the 1	licensee has complied wit	h all laws of the Commo	onwealth relating to	taxes; and	
3. the 1	premises are now open fo	r business (If not explai	n below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corpor	ate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
			(Note: 1401 IIIdi	viduai Sociai Se	ecurity Number)
Acts of 2004,	signed, attest that we ar signed by the building in and (2) the certificate of	spector and the head	of the fire departn	nent for the	above
Please Check Belo	ow:		LOCAL LICENSI	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i expiaiii)				
DATE:					



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LICENSE NUMBER: 039000052		CITY OR TOWN	FALMOUT	ГН
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WOODS HOLE DOING BUSINESS A	GOLF CLUB			
ADDRESS 130 QUISSETT AVE.				
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02543	
MANAGER: FAY, MICHAEL T	YPE OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE FLR; 2 BARS,3 LOUNGE ROOM COMBINATION LIVING AND DINITERAL LOUNGE AREA. REFRESH STORAGE ROOM) ALL PORCHES, PRO SHOP. ALL PORCHES, PATIOS GROUNDS OF THE GOLF COURSE ASSOCIATED CART PATH AND DRIVE In the renewed license will be considered.	IS,DANCE HALL,KITC NG ROOM. LOWER FI MENT CENTER, FOYI PATIOS, TERRACES A S AND DECKES ATTA *INCLUDING CLUB F RIVEWAY BETWEEN ies of perjury that:	CHEN, STORAGE LOOR; LOCKER I ER AND HALLS, AND DECKS ATT CHED TO THE C HOUSE PUTTING CLUB HOUSE AI	ROOMS. PRO AND 2ND FI FACHED TO LUB HOUSE GREEN, ND PRO SHO	LOOR THE E.
the licensee has complied with 3. the premises are now open for SIGNED BY	ith all laws of the Comm	onwealth relating in below)		
DATE: TELEPHC	ONE NUMBER:			CION NUMBER:
We the undersigned, attest that we a Acts of 2004, signed by the building inamed license and (2) the certificate of 2010.	inspector and the head	of the fire depart	ment for the	above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 039000053	C	ITY OR TOWN	FALMOUTH
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: CMC ENTERPR DOING BUSINESS A LEESIDE	ISES, INC.		
ADDRESS 29 RAILROAD AVE.			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02543
MANAGER: CROWLEY, JOSEPH A.	YPE OF LICENSE: Restau	ırant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
FIRST FLOOR- LOUNGE. SECOND STOREROOM	FLOOR- DINING AREA	AND BAR. CEI	LLAR;
2. the licensee has complied with 3. the premises are now open for SIGNED BY	or business (If not explain	below)	o taxes; and
Individual, Partn	er or Authorized Corporat	e Officer	
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building inamed license and (2) the certificate of 2010.	inspector and the head of	the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 039000034		CITTOR TOW	N FALMOU	IΠ
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	PAUL HARNEY	GOLF ENTERPRISE	ES INC.		
DOING BUSINESS	A				
ADDRESS 74 CLUI	B VALLEY DRIVI	E			
CITY/TOWN: FAI	LMOUTH	STATE: MA	ZIP CODE:	02536	
MANAGER: HAR	NEY, PAUL T	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
ONE STORY, 2 RO	OMS, CELLAR FO	OR STORAGE			
I hereby certify and s	swear under penalti	es of perjury that:			
1. the renew	red license will be o	of the same type for the	e same premises n	ow licensed;	
2. the licens	ee has complied wi	th all laws of the Com	monwealth relatin	g to taxes; and	
3. the premi	ses are now open fo	or business (If not exp	lain below)		
SIGNED BY					
SIGNED B1	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOY	YER IDENTIFICA	TION NUMBER:
	1222110	1,21,01,1221.	(Note: NOT	Individual Social S	Security Number)
We the undersigne	d. attest that we a	re in possession (1) th	ne certificate requ	uired by Chapí	ter 304 of the
Acts of 2004, signed	d by the building i	nspector and the hea	d of the fire depa	artment for the	e above
named license and of 2010.	(2) the certificate	of liquor liability ins	ırance required l	by Chapter 110	6 of the Acts
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
	,				
DATE:					



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LICENSE NUMBER:	039000055		CITY OR TOWN FALMOU	JTH
APPLICATION FOR 1	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS RTE. 28A		INC.		
CITY/TOWN: FALM	1OUTH	STATE: MA	ZIP CODE: 02556	
MANAGER: HAUP' K.	T, RICHARD TYP	E OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	<u></u>
DESCRIPTION OF LI	ICENSED PREMIS	ES:		
ONE FLOOR; DINING	G ROOM,KITCHE	N,CABOOSE. CELL	AR FOR STORAGE	
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	l license will be of t	he same type for the s	ame premises now licensed;	
2. the licensee	has complied with	all laws of the Comm	onwealth relating to taxes; and	l
3. the premise	s are now open for	business (If not explai	n below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004, signed	by the building ins	pector and the head	certificate required by Chap of the fire department for th ance required by Chapter 1	e above
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			LOCAL LICENSING AUTI By:	HORITY
	] n)			HORITY
APPROVED: DISAPPROVED:	] n)			HORITY
APPROVED: DISAPPROVED:	n)			HORITY



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LICENSE NUMBE	K: 039000057		CH	Y OK TOWN	FALMOUI	п
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20	)13
		CLA	SS			YEAR
LICENSEE NAME:	THE FALMOU	TH BEACH HO	USE INC.			
DOING BUSINESS	S A					
ADDRESS 7 NAT	HAN ELLIS HIGI	HWAY				
CITY/TOWN: FA	LMOUTH	STATE:	MA 2	ZIP CODE:	02556	
MANAGER: BON PAT	NZAGNI, TRICK	ГҮРЕ OF LICEN	SE:Restaura	nt Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER	YOUR EMAIL AI	DDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:				
ONE FLOOR- TWO	D DINING ROOM	IS, LOUNGE, PA	TIO. CELLA	AR FOR STO	RAGE	
I hereby certify and	swear under penal	ties of perjury tha	ıt:			
1. the renev	ved license will be	of the same type	for the same	premises now	licensed;	
2. the licens	see has complied v	with all laws of the	e Commonwe	ealth relating to	taxes; and	
3. the prem	ises are now open	for business (If no	ot explain be	low)		
SIGNED BY	Individual, Par	tner or Authorized	l Corporate (	Officer		
DATE:	TELEPH	ONE NUMBER:		EMPLOYER (Note: NOT Ind		TION NUMBER:
We the undersigned Acts of 2004, signed named license and of 2010.	ed by the building	g inspector and tl	ne head of th	ne fire departı	nent for the	above
Please Check Below:			LC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			Ву	:		
DISAPPROVED:	• >					
(If disapproved expl	ain)					
DATE:						
APPLICATION FOR RENE	WAL MUST RE EII ED I	RY LICENSEES DUDIN	G THE MONTH	OF NOVEMBER (M	GL Ch 138 \$ 14	5A)
ALLECATION FOR KEINE	THE WILLS IN THE LITTED I	o i pichindena domin	O TIP MONTH		1.70 \$ 10	,, <u>, , , , , , , , , , , , , , , , , ,</u>



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000059	CI	TY OR TOWN	FALMOUT	Ή
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: CAPE VERDEAN	CLUB OF FALMOUTI	H INC.		
DOING BUSINESS A				
ADDRESS 126 SANDWICH ROAD				
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02536	
MANAGER: MCGHEE, LORI J. TYP	PE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISONE FLOOR-MAIN ROOM, ANTEROO I hereby certify and swear under penalties  1. the renewed license will be of the complex of the licensee has complied with the complex of the premises are now open for SIGNED BY	of perjury that: the same type for the san all laws of the Common	GE IN BASEME me premises now wealth relating to below)	licensed;	
,	·			
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head of	the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUM	BER: 039000060		CITY OR TOWN FALM	OUTH
APPLICATION	FOR RENEWAL	: Annual	LICENSED FO	PR 2013
		CLASS		YEAR
LICENSEE NAM	ME: SAILOR'S,	INC		
DOING BUSINI	ESS A THE FLY	ING BRIDGE RESTAURA	NT	
ADDRESS 220	SCRANTON AV	E.		
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02540	)
	SCHNEIDER, DAVID A.	TYPE OF LICENSE: Res	ctaurant CATEGO	RY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED F			
		GAZEBO ON FIRST FLOOI FICE ON SECOND FLOOR		NG ROOM,
I hereby certify ε	and swear under p	enalties of perjury that:		
1. the re	enewed license wil	ll be of the same type for the	same premises now licensed	1;
2. the lie	censee has compli	ed with all laws of the Comr	nonwealth relating to taxes;	and
3. the pr	remises are now o	pen for business (If not expla	nin below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	ocial Security Number)
Acts of 2004, si	gned by the build	we are in possession (1) the ling inspector and the head icate of liquor liability insu	l of the fire department for	r the above
Please Check Below	<u>v:</u>		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved e	Zapiani)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000063		CITY OR TOWN FALMOUTH	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: SCOUT SEA CR	EST MANAGEMEN	VT, LLC	
DOING BUSINESS A SEA CREST RI	ESORT & CONFERE	ENCE CENTER	
ADDRESS 350 QUAKER RD			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02556	
MANAGER: STRICKLAND, TYWILLIAM A.	YPE OF LICENSE: Inr	nnholder CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
DINING ROOM, BANQUET ROOMS		GE,SNACK BAR NIGHT CLUB	
I hereby certify and swear under penaltic 1. the renewed license will be o	1 0 0	a sama mumisas norriliaansadi	
	• •	nmonwealth relating to taxes; and	
3. the premises are now open for			
		,	
SIGNED BY			
Individual, Partne	er or Authorized Corpo	oorate Officer	
			7
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building i	nspector and the hea	he certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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LICENSE NUM	IBER: 039000067		CITY OR TOWN FAL	LMOUTH
APPLICATION	FOR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: L.P.P. ENTER	PRISES INC		
DOING BUSIN	ESS A J.R. BRODY	'S ROADSIDE TAVERN	1	
ADDRESS 734	TEATICKET HWY			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 025	536
	PALMER, CHRISTOPHER	TYPE OF LICENSE: Re	staurant CATEG	GORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
1 ROOM- KITC handicapped bat		RAGE. 1 OUTSIDE WI	RAP - AROUND deck and	l one unisex
I hereby certify	and swear under pena	lties of perjury that:		
1. the re	enewed license will be	e of the same type for the	same premises now licens	sed;
2. the li	censee has complied	with all laws of the Com	monwealth relating to taxe	s; and
3. the p	remises are now open	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, si	igned by the building	g inspector and the head	e certificate required by d of the fire department i urance required by Chap	for the above
Please Check Below	<u>v:</u>		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved	explain)			
DATE:				



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	CITY OR TOWN FALMOU	IH
Annual	LICENSED FOR 2	013
CLASS		YEAR
RPHY, INC.		
ABLE		
STATE: MA	ZIP CODE: 02540	
E OF LICENSE: Res	category:	All Alcohol
		7
SITE AND ENTER YOUR EN	MAIL ADDRESS	
ES:		
LOUNGE		
of perjury that:		
e same type for the	same premises now licensed;	
ll laws of the Comn	nonwealth relating to taxes; and	
usiness (If not expla	nin below)	
or Authorized Corpo	orate Officer	
NUMBER:		
ector and the head	l of the fire department for the	e above
	LOCAL LICENSING AUTH	ORITY
	By:	
ENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)
	CLASS RPHY, INC. ABLE  STATE: MA E OF LICENSE: Res SITE AND ENTER YOUR EN ES: LOUNGE of perjury that: the same type for the ll laws of the Commusiness (If not explain or Authorized Corporation NUMBER: In possession (1) the ector and the head inquor liability insu	Annual LICENSED FOR 2 CLASS  RPHY, INC. ABLE  STATE: MA ZIP CODE: 02540  FOR LICENSE: Restaurant CATEGORY:  SITE AND ENTER YOUR EMAIL ADDRESS  ES: LOUNGE of perjury that: e same type for the same premises now licensed; ll laws of the Commonwealth relating to taxes; and usiness (If not explain below)  TAUTHORIZED FOR 2  CLASS  RPHY, INC.  ABLE  STATE: MA ZIP CODE: 02540  CATEGORY:  CATEGORY:  SITE AND ENTER YOUR EMAIL ADDRESS  ES: LOUNGE of perjury that: e same type for the same premises now licensed; ll laws of the Commonwealth relating to taxes; and usiness (If not explain below)  TAUTHORIZED FOR 2  LOUNGE  TO STATE: MA ZIP CODE: 02540  CATEGORY:  SITE AND ENTER YOUR EMAIL ADDRESS  ES: LOUNGE of perjury that: e same type for the same premises now licensed; ll laws of the Commonwealth relating to taxes; and usiness (If not explain below)  TO AUTHORIZED FOR 2  LOUNGE  TO STATE: MA ZIP CODE: 02540  CATEGORY:  CATEGORY:  CATEGORY:  CATEGORY:  CATEGORY:  AND LOUNGE  IN CATEGORY:  LOUNGE  OF LICENSED FOR 2  LOUNGE  STATE: MA ZIP CODE: 02540  CATEGORY:  CAT



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000082		CITY OR TOWN FALMO	UTH
APPLICATION FOR RENEWAL: Annua		LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NORMAN'S	LIQUORS,INC.		
DOING BUSINESS A KAPPY'S			
ADDRESS 21 SPRING BARS RD			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER: WHEELER, BRIA	N TYPE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	enalties of perjury that:  be of the same type for the ed with all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and ain below)	d
SIGNED BY Individual, F	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03900008	<i>i</i> 3	CITY OR TOWN FALMOU	) <b>I II</b>
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SALTHO	USE ENTERPRISES,INC.		
DOING BUSINESS A OLD BA	ARN PACKAGE STORE		
ADDRESS 20 LUSCOMBE AV	Æ.		
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02543	
MANAGER: Salthouse, Andre	ew TYPE OF LICENSE: Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ONE FLOOR- TWO ROOMS,C	ONE FOR STORAGE		
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for th	e same premises now licensed;	
2. the licensee has comp	olied with all laws of the Con	nmonwealth relating to taxes; and	l
3. the premises are now	open for business (If not exp	lain below)	
SIGNED BY			
Individua	l, Partner or Authorized Corp	oorate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(II disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 039000084		CITY OR TOWN	FALMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N DOING BUSI ADDRESS 12		MARKET INC		
	: FALMOUTH	STATE: MA	ZIP CODE:	02536
MANAGER:	FARWELL III, LEWIS E.	TYPE OF LICENSE: Pa	ackage Store C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
		NE ROOM FOR STORA ON RECIEVER DOOR		
I hereby certif	y and swear under pen	alties of perjury that:		
		be of the same type for th	e same premises now	licensed;
		l with all laws of the Com	=	
	=	en for business (If not exp	_	· · · · · · · · · · · · · · · · · · ·
		` 1	,	
CICNED DV				
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
	·	·		
DATE:			EMDLOVEI	DIDENTIFICATION NUMBER.
DATE.	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(1.000. <u>1.01</u> Inc	irviduai Sociai Security Pulliber)
Please Check Bel APPROVED:				SING AUTHORITY
DISAPPROVED.			By:	
(If disapprove				
· FF	1 /			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

	CITY OR TOWN FALMOU	IП
Annual	LICENSED FOR 2	013
CLASS		YEAR
ARKET INC.		
WY.		
STATE: MA	ZIP CODE: 02536	
PE OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
ISES:		
es of perjury that:		
f the same type for the	same premises now licensed;	
th all laws of the Comn	nonwealth relating to taxes; and	
or business (If not expla	in below)	
er or Authorized Corpo	rate Officer	
NE NUMBER:	EMPLOYER IDENTIFICATION	
	(Note: <u>NOT</u> Individual Social S	Security Number)
	LOCAL LICENSING AUTH	ORITY
	By:	
	CLASS ARKET INC.  WY.  STATE: MA  YPE OF LICENSE: Pac  WEBSITE AND ENTER YOUR EM  ISES:  es of perjury that: f the same type for the th all laws of the Comm or business (If not expla	Annual LICENSED FOR 2 CLASS  ARKET INC.  WY.  STATE: MA ZIP CODE: 02536  PPE OF LICENSE: Package Store CATEGORY:  WEBSITE AND ENTER YOUR EMAIL ADDRESS  ISES:  es of perjury that:  f the same type for the same premises now licensed; th all laws of the Commonwealth relating to taxes; and or business (If not explain below)  er or Authorized Corporate Officer  NE NUMBER:  EMPLOYER IDENTIFICAT (Note: NOT Individual Social STATE)  LOCAL LICENSING AUTH



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000088	CITY OR TOWN FALMOUTH
APPLICATION FOR RENEWAL: Ar	nnual LICENSED FOR 2013
CI	LASS YEAR
LICENSEE NAME: THREE WAY ENTERPRISE	S INC
DOING BUSINESS A	
ADDRESS 414 MAIN ST	
CITY/TOWN: FALMOUTH STATE	E: MA ZIP CODE: 02536
MANAGER: DeMartino, Vincent TYPE OF LICE	ENSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE FLOOR- TWO ROOMS. BASEMENT FOR S	TORAGE
I hereby certify and swear under penalties of perjury	that:
1. the renewed license will be of the same ty	pe for the same premises now licensed;
2. the licensee has complied with all laws of	the Commonwealth relating to taxes; and
3. the premises are now open for business (I	f not explain below)
SIGNED BY	
Individual, Partner or Authori	zed Corporate Officer
DATE: TELEPHONE NUMBE	R: EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
Please Check Below:	LOCAL LIGENSING AUTHORITY
APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 039000089		CITY OR TOWN FAI	LMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
	AME: LOUISE FERE NESS A JOHNS LIQU	_		
ADDRESS 729	9 MAIN ST			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02:	540
MANAGER:	DUARTE, LOUIS FERREIRA	ΓΥΡΕ OF LICENSE: Pa	ckage Store CATEO	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
THREE ROOM	MS,FRONT FOR SALE	ES, REAR AND CELLA	AR FOR STORAGE	
	premises are now open	for business (If not expl		es, and
DATE:	TELEPH	ONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING By:	AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 039000090		CITY OR TOWN FALMO	JUIN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSI	AME: KENYONS M NESS A 9 E FALMOUTH HV			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02536	
MANAGER:	LEMOINE, RICHARD C	TYPE OF LICENSE: P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR BASEMENT FOR S			
2. the	licensee has complied premises are now ope	* *		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFI (Note: NOT Individual Soc	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUBy:	THORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	39000091		CITY OR TOWN	FALMOUT	TH
APPLICATION FOR RENEWAL: Ann		Annual	LICENSED FOR 2013		013
		CLASS			YEAR
LICENSEE NAME: H DOING BUSINESS A ADDRESS 00580A RO		TY INC			
CITY/TOWN: FALMO		STATE: MA	ZIP CODE:	02556	
MANAGER: BOLTO	N, DEAN H. TYPE O	F LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LIC 3285 SQ FT OF FLOOI I hereby certify and swe 1. the renewed 2. the licensee I	R SPACE WITHIN BU	JILDING A ON erjury that: ame type for the aws of the Comm	PARCEL A, same premises now nonwealth relating to		
SIGNED BY	ndividual, Partner or A	authorized Corpo	rate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	ı		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000092		CITY OR TOWN	FALMOUTH	
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: FALMOUT	H WINE & SPIRITS, INC			
DOING BUSINESS A				
ADDRESS 322 PALMER AVE				
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: HEDLUND, JAYCINE C.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISI	TT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICENSED P	PREMISES:			
RETAIL SPACE, STORAGE ARI RETAIL SPACE AND ONE ENT				
<del>-</del>	ed with all laws of the Compen for business (If not exp	=	o taxes; and	
	Partner or Authorized Corp	orate Officer		
DATE: TELE	EPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 039000094		CITY OR TOW	N FALMOU	ιп
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WEST MARK	ET HOLDING CO.,LLC			
DOING BUSINESS	A WEST FALM	MOUTH MARKET			
ADDRESS 623 WES	T FALMOUTH	H HIGHWAY			
CITY/TOWN: FAL	MOUTH	STATE: MA	ZIP CODE:	02574	
MANAGER: PARI BRAI	RISH, NCH J	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRI	EMISES:			
REAR OF THE BUIL	LDING.TWO P	RONT AND ONE PRIVERIVATE RESTROOMS OOM, ONE OFFICE, ON	TO REAR OF B	UILDING. ON	Е
2. the license	e has complied	with all laws of the Com n for business (If not expl	monwealth relatin		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	039000095		CITY OR TOW	IN FALMOU	IП
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 362 ROU	ГЕ 28А				
CITY/TOWN: FALM	MOUTH	STATE: MA	ZIP CODE:	02556	
MANAGER: NEWI WILL	MAN, TYF IAM P.	PE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
APPROX. 2,300 SQ. SIDE OF STRIP MAI					LEFT
I hereby certify and sv					
•	d license will be of		e same premises n	now licensed;	
	e has complied with	• •	-		
3. the premise	es are now open for	business (If not exp	olain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social S	Security Number)
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved expiai	11 <i>)</i>				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 039000096		CITY OR TOWN	FALMOUT	ГН
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
DOING BUSIN		Y & LIQUORS, INC.			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02536	
MANAGER:	CROCKER, ROBERT C. SR.	TYPE OF LICENSE: P	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PR	EMISES:			
ONE FLOOR I	FOR SALES. BASEN	MENT FOR STORAGE			
2. the 1	licensee has complied	be of the same type for the with all laws of the Coren for business (If not expense).	nmonwealth relating to		
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 039000	097	CITY OR TOWN	FALMOUTH
APPLICATION FOR RENEV	VAL: Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FALMO	OUTH POST 70, INC., AMV	ETS	
DOING BUSINESS A			
ADDRESS 336 PALMER AV	νE		
CITY/TOWN: FALMOUTH	STATE: M	ZIP CODE:	02540
MANAGER: COX, RONAL	LD TYPE OF LICENSE:	Veterans club CA	ΓEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
FIRST FLOOR; KITCHEN, N LOUNGE, OFFICE, OUTSIDE		AY. DOWNSTAIRS; GA	ME ROOM,
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed licens	e will be of the same type for	the same premises now li	censed;
2. the licensee has co	mplied with all laws of the Co	ommonwealth relating to	taxes; and
3. the premises are no	ow open for business (If not e	xplain below)	
SIGNED BY Individ	ual, Partner or Authorized Co	orporate Officer	
DATE:	ELEPHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the co of 2010.	building inspector and the l	nead of the fire departm	ent for the above
Please Check Below:		LOCAL LICENSII	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapprovod explain)			
DATE:			
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DURING TH	HE MONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 039000100		CITY OR TOWN FALMO	OUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: PEPPERONI, INC. DOING BUSINESS A PIZZA I & SUBS II			
ADDRESS 769 EAST FALMOUTH HWY.			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02536	
MANAGER: COLE, DAVID W. TYPE	OF LICENSE: Re	staurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES		A.	
RESTAURANT WILL BE ON FIRST FLO	OR IN ONE ROC	OMI	
I hereby certify and swear under penalties of			
the renewed license will be of the     the licensee has complied with all     the premises are now open for bu  SIGNED BY	l laws of the Com	monwealth relating to taxes; an	nd
Individual, Partner or	Authorized Corp	orate Officer	
DATE: TELEPHONE I	NUMBER:	EMPLOYER IDENTIFIC	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liconf 2010.	ector and the hea	d of the fire department for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	THORITY
DATE:			



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LICENSE NUMBER:	039000102		C	II Y OK IOV	VIN FALMIC	JUIN
APPLICATION FOR	RENEWAL:	Annı	ıal	LIC	ENSED FOR	R 2013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 410 WEST			MA	ZID CODE	00574	
CITY/TOWN: FALM		STATE:		ZIP CODE		
MANAGER: REID,	JOHN F	TYPE OF LICEN	SE:Resta	urant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:  DESCRIPTION OF LITWO DININGROOM SERVICE AREA. TW	ICENSED PRE				TORAGE AI	ND
2. the licensee	l license will be has complied	lties of perjury that e of the same type with all laws of th for business (If n	for the sa e Commo	nwealth relati		
SIGNED BY	Individual, Par	tner or Authorized	d Corpora	te Officer		
DATE:	TELEPH	IONE NUMBER:				CATION NUMBER:
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building	g inspector and t	he head o	f the fire dep	artment for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)			LOCAL LICE By:	ENSING AU	THORITY
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED	BY LICENSEES DURIN	G THE MON	TH OF NOVEMBE	ER (M.G.L. Ch. 138	8 \$ 16A)



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LICENSE NUMBER: 039000103		CITY OR TOWN	FALMOUT	Ή
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: JIM AND GWYN, INC DOING BUSINESS A THE NIMROD RESTA	AURANT			
ADDRESS 100 DILLINGHAM AVENUE				
CITY/TOWN: FALMOUTH S	TATE: MA	ZIP CODE:	02540	
MANAGER: MURRAY, GWYN TYPE OF H.	LICENSE: Rest	caurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR: LOUNGE, SITTING ROOM,			KITCHEN.	
I hereby certify and swear under penalties of pe  1. the renewed license will be of the sa  2. the licensee has complied with all la  3. the premises are now open for busin  SIGNED BY	me type for the s ws of the Comm	onwealth relating to		
Individual, Partner or Au	uthorized Corpor	rate Officer		
DATE: TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	or and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER	:039000105		CITY OR TOWN FALMOU	ПП
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	CHERRYSTONE,I	NC		
DOING BUSINESS	A OYSTERS TOO			
ADDRESS 876 EAS	T FALMOUTH HW	Y		
CITY/TOWN: FAL	MOUTH	STATE: MA	ZIP CODE: 02536	
MANAGER: KOG W.	UT, ROBERT TYP	E OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF I		ES:		
DINING ROOM, LO	UNGE, KITCHEN			
				-
2. the license	ee has complied with ses are now open for	all laws of the Comm		
DATE:	TELEDIAN		EMPLOYER IDENTIFICA	TION NUMBER:
211121	TELEPHON	E NUMBER:	(Note: NOT Individual Social	
Acts of 2004, signed	by the building ins	pector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved expla	in)			
1				
DATE:				



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LICENSE NUI	MBER: 039000115		CITY OR TOWN	FALMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: 99 RESTAURAN	TS OF BOSTON LL	.C	
DOING BUSI	NESS A 99 RESTAURAN	NT & PUB		
ADDRESS 30	DAVIS STRAITS			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER:	BLIVEN, BRIAN TY	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PREMI			
CONTAING A	REST.INCLUDING 20 SE APPROX.3,524 SQ. FT. O EP AREA,WALK IN KO MENT WILL BE USED F	N THE 1ST. FL. & : OLER,DISHWSHIN	3,416 IN BASEMEN IG ARE A, MEN'S &	T.2 DINING AREAS,
I hereby certify	and swear under penalties	s of perjury that:		
	renewed license will be of	* *	-	
	licensee has complied with		•	o taxes; and
3. the	premises are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	oorate Officer	
DATE:	TELEPLION	W. ) W. P. (D. C.)	EMDI OVEE	R IDENTIFICATION NUMBER:
DITIE.	TELEPHON	NE NUMBER:		lividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in a and (2) the certificate of	spector and the hea	ad of the fire departi	
Please Check Belo	DW:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisappiovec	i expiaiii)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 039000116	(	CITY OR TOWN FALMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: MAGUIRE EN	TERPRISES, INC	
DOING BUSI	NESS A LIAM MAGU	IRE'S IRISH PUB	
ADDRESS 27	3 MAIN ST		
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02540
MANAGER:	MAGUIRE, DEBORAH	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
		R WEBSITE AND ENTER YOUR EMA	IL ADDRESS
-	N OF LICENSED PREI M, LOUNGE, BAR, KI		
	BAR, NI	.TCHEN	
2. the	licensee has complied w premises are now open Individual, Part	* *	
			(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTHORITY By:
DATE.			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J39000120		CITY OR TOW	N FALMOU	lП
APPLICATION FOR I	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 2	ZHU RESTAURA	NT, INC.			
DOING BUSINESS A	HONG KONG RI	ESTAURANT			
ADDRESS 165 TEAT	ICKET HWY.				
CITY/TOWN: FALM	IOUTH	STATE: MA	ZIP CODE:	02536	
MANAGER: CHEN,	PAN ZHU TYF	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
ONE FLOOR, DINING			R STORAGE		
I hereby certify and swe			REFORME		
• •	•	the same type for the	same premises n	ow licensed;	
2. the licensee	has complied with	all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the premises	s are now open for	business (If not expla	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT Individual Social S	
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and the head	of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED: (If disapproved explain	) ]				
(ii disapproved explain	<del>'</del> /				
DATE:					



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LICENSE NUN	MBER: 039000121		CITY OR TOWN FALMOU	IП
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	ME: STEVE'S PIZZ	ERIA AND MORE, IN	NC.	
DOING BUSIN	NESS A			
ADDRESS 374	MAIN STREET			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER:	GREGORIADIS, GREGORY	ΓΥΡΕ OF LICENSE: R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u> </u>
-	N OF LICENSED PRE			
ONE FLOOR;	TWO ROOMS, DININ	IG AREA, KITCHEN,	CELLAR FOR STORAGE	
•	and swear under penal			
		* *	ne same premises now licensed;	
	-		nmonwealth relating to taxes; and	
3. the p	premises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	porate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, s	signed by the building	inspector and the he	he certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
	RENEWAL MUST BE EILED E	RV LICENSEES DUDING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	164)
MILLICATION FOR	VEHEN VE MICOL DE LIFED E	1 PICERSPES DOVING THE	MONTH OF NO VENIDER (MI.O.L. CII, 130 \$.	10/1/



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LICENSE NU	MBER: 039000123	(	CITY OR TOWN FALMO	UTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: PORTUGUE	SE AMERICAN ASSOCIAT	ΓΙΟΝ OF FALMOUTH,INC	
DOING BUSI	NESS A			
ADDRESS 55	ASHUMET RD			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02536	
MANAGER:	MARTINHO, JOSEPH A.	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
		M, BAR , KITCHEN. SECO M, OFFICE. OUTSIDE PAT		ROOM,
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the sa	ame premises now licensed;	
2. the	licensee has complie	d with all laws of the Commo	onwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not explain	n below)	
SIGNED BY				
	Individual, P	Partner or Authorized Corpora	te Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION OF A STATE OF THE ST	
			(Note: NOT Individual Socia	i Security Number)
Acts of 2004,	signed by the buildi	we are in possession (1) the oring inspector and the head or ate of liquor liability insura	of the fire department for th	ne above
Please Check Belo			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
OISAPPROVI				
(If disapproved	a Capiani)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03900012	26	CITY OR TOWN	FALMOUTH
APPLICATION FOR RENEWA	AL: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: INNER I	IARBOR MARKET CORP		
DOING BUSINESS A			
ADDRESS 77 SCRANTON AV	/E		
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER: JONES. MARK	W. TYPE OF LICENSE:Pa	ackage Store CA	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
27, 600 SQ FT BUILDING WI' ARE IN THE FRONT OF THE		ER AND WINE WILL	BE IN A 400 SQ FT
2. the licensee has com	will be of the same type for the plied with all laws of the Con open for business (If not exp	nmonwealth relating to	
SIGNED BY Individua	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	LEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000130	CITY OR TOWN FALMOUTH
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: FALMOUTH PROPERTY RESTAURA	ANT, LLC
DOING BUSINESS A BRITISH BEER COMPANY	
ADDRESS 263 GRAND AVENUE	
CITY/TOWN: FALMOUTH STATE: MA	ZIP CODE: 02540
MANAGER: DEMONT, JAMES TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
DINING ROOM, BAR, KITCHEN; TWO ENTRANCES, ON FACING CENTRAL PARK AVE.	E FACING GRAND AVE, AND ONE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	same premises now licensed;
2. the licensee has complied with all laws of the Comr	nonwealth relating to taxes; and
3. the premises are now open for business (If not explain	ain below)
	ain below)
3. the premises are now open for business (If not explanation of the second of the second open for business (If not explanation of the second open for business (If not explanation of the second open for business (If not explanation of the second open for business (If not explanation open for busin	
SIGNED BY	
SIGNED BY	
SIGNED BY  Individual, Partner or Authorized Corpo	
SIGNED BY  Individual, Partner or Authorized Corpo	prate Officer
SIGNED BY  Individual, Partner or Authorized Corpo	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  e certificate required by Chapter 304 of the dof the fire department for the above
SIGNED BY  Individual, Partner or Authorized Corpo  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insu	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  e certificate required by Chapter 304 of the dof the fire department for the above
SIGNED BY  Individual, Partner or Authorized Corporation  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insured to 1000.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  e certificate required by Chapter 304 of the dof the fire department for the above trance required by Chapter 116 of the Acts
SIGNED BY  Individual, Partner or Authorized Corporation  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insured 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  e certificate required by Chapter 304 of the dof the fire department for the above trance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized Corporation  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insured to 1000.  Please Check Below:  APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  e certificate required by Chapter 304 of the dof the fire department for the above trance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
SIGNED BY  Individual, Partner or Authorized Corporation  DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the head named license and (2) the certificate of liquor liability insured 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  e certificate required by Chapter 304 of the dof the fire department for the above trance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1:039000136		CITY OR TOWN FALMOU	ГН
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 25 DAV	A	DYNASTY RESTAU	RANT, INC.	
CITY/TOWN: FAL	MOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER: CHA	N, SIN-KUEN TY	PE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
L	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF				
STORE FRONT CO. AND EXITS. ONE I			FING FOR 192. TWO ENTRAN	NCES
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renew	ed license will be of	the same type for the	e same premises now licensed;	
2. the license	ee has complied with	h all laws of the Com	monwealth relating to taxes; and	
3. the premis	ses are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Acts of 2004, signed	by the building in	spector and the hea	ne certificate required by Chapt d of the fire department for the urance required by Chapter 110	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 039000138		CITY OR TOW	N FALMOUT	ľH
APPLICATION F	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: MURPHY'S FI	NE WINES, CIGARS,	& SPIRITS INC.		
DOING BUSINES	SS A				
ADDRESS 303 M	IAIN ST				
CITY/TOWN: F.	ALMOUTH	STATE: MA	ZIP CODE:	02540	
	URPHY, HILLIP W.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PRE	MISES:			
	WO BATHROOMS	FRONT WITH A REAS IN REAR OF BLDG.			
2. the lice	ensee has complied	e of the same type for the with all laws of the Con for business (If not exp	nmonwealth relatin		
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	plain)		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 03	39000139		Cl	TY OR TOW	N FALMOUT	ГН
APPLICATION FOR RI	ENEWAL:	Annı	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: FU	JLL THROTTLE	E, INC.				
DOING BUSINESS A	ROO BAR OF FA	ALMOUTH				
ADDRESS 285 MAIN S	STREET					
CITY/TOWN: FALMO	OUTH	STATE:	MA	ZIP CODE:	02540	
MANAGER: LAWRE DEBOR		PE OF LICEN	SE: Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						]
PLEA	ASE ALSO VISIT OUR WE	EBSITE AND ENTER	R YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC						
1600 SQ. FT. W/ DINII EXIT				ATHROOMS	, FRONT ANI	O REAR
3. the premises a	as complied with are now open for an are now open for an addividual, Partner	business (If n	ot explain	below)		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
				(Note: NOT)	Individual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) to of 2010.	the building ins	spector and t	he head of	the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICEN By:	NSING AUTH	ORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR			CITY OR TOWN FALMOU	111
THE LICITION OF	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	ROBERT S. I	ROBINSON		
DOING BUSINESS	A CRABAPPI	LES RESTAURANT		
ADDRESS 553 PAL	MER AVENU	Е		
CITY/TOWN: FAL	MOUTH	STATE: MA	ZIP CODE: 02540	
	INSON, ERT S.	TYPE OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM.	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
	EA TO THE RI	GHT. KITCHEN IS TO TH	E. COUNTER IN FRONT. LE HE FRONT ENTRANCE. SEA	
I hereby certify and s	swear under pen	alties of perjury that:		
1. the renew	ed license will l	be of the same type for the s	same premises now licensed;	
	-		nonwealth relating to taxes; and	
3. the premis	ses are now ope	en for business (If not explain	in below)	
SIGNED BY	Individual Pa	artner or Authorized Corpor	rate Officer	
	marvidual, 1	attler of AdditionZed Corpor	Tute Officer	
DATE:				
	TEI ED	HONE NI IMPED.	EMPLOYER IDENTIFICA	TION NUMBER:
21112.	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned Acts of 2004, signed	d, attest that w d by the buildin	re are in possession (1) the ng inspector and the head		Security Number) ter 304 of the e above
We the undersigned Acts of 2004, signed named license and	d, attest that w d by the buildin	re are in possession (1) the ng inspector and the head	(Note: NOT Individual Social certificate required by Chap of the fire department for the	security Number)  ter 304 of the e above 6 of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED:	d, attest that w d by the buildin	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Individual Social certificate required by Chap of the fire department for the rance required by Chapter 11	security Number)  ter 304 of the e above 6 of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d, attest that w d by the buildin (2) the certifica	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Individual Social e certificate required by Chap of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	security Number)  ter 304 of the e above 6 of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED:	d, attest that w d by the buildin (2) the certifica	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Individual Social e certificate required by Chap of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	security Number)  ter 304 of the e above 6 of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d, attest that w d by the buildin (2) the certifica	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Individual Social e certificate required by Chap of the fire department for the rance required by Chapter 11 LOCAL LICENSING AUTH	security Number)  ter 304 of the e above 6 of the Acts



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LICENSE NUMB	ER: 039000153		CITY OR TO	WN FALMOU	IΠ
APPLICATION F	OR RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAMI	E: WCS, INC				
DOING BUSINES	SS A LA CUCINA SU	JL MARE			
ADDRESS 237 M	AIN ST				
CITY/TOWN: FA	ALMOUTH	STATE: MA	ZIP COD	DE: 02540	
MANAGER: CI	LFONE, MARK CTY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PREM	ISES:			
ENCLOSED WITE ENTRANCES/EX	EAR PARKING LOT. H CEDAR FENCE L ITS FORGUEST, EN R, 2 BATHROOMS. I CITY OF 128	OCATED IN THE R IPLOYEE AND DE	EAR OF THE R LIVERIES. STO	RESTAURANT; T ORE FRONT DIN	ΓWO IING
I hereby certify and	d swear under penaltie	es of periury that:			
•	ewed license will be o		ne same premises	s now licensed;	
	nsee has complied wit	* *	-		
3. the prei	mises are now open for	or business (If not exp	olain below)		
-					
SIGNED BY					
	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TEL EDITO	AVE AVE OPEN	EMDI	LOYER IDENTIFICA	TION NI IMPED.
<i>5</i> .111 <i>L</i> .	I ELEPHO	NE NUMBER:		OTER IDENTIFICA OT Individual Social	
Acts of 2004, sign	ned, attest that we an ned by the building in d (2) the certificate (	nspector and the he	ad of the fire de	epartment for th	e above
Please Check Below:			LOCALLIO	CENSING AUTH	IORITY
APPROVED:			By:	censing Acm	IOMI I
DISAPPROVED:			-3:		
(If disapproved exp	plain)				
D. 1. 1717					
DATE:					



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LICENSE NUMBER: 039000156		CITY OR TOWN FALMOUTH
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: VELLUTI RES' DOING BUSINESS A GRILL 500		12/11
ADDRESS 500 WAQUOIT HIGHWA	ΛY	
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02536
MANAGER: VELLUTI,LYNNE T M.	YPE OF LICENSE: Res	ctaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PREM		
APPROX. 3000 S/F; TWO ENTRANG REAR TO PARKING LOT. ONE EXI		O RTE. 28. ONE EXIT/ENTRANCE IN
3. the premises are now open in SIGNED BY	rith all laws of the Comm	nonwealth relating to taxes; and ain below)
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039000160		CITY OR TOWN FALMOU	IH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: YONGMI CHO DOING BUSINESS A HOMESPOR		N	
ADDRESS 316 GIFFORD ST			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER: CHOI, YONGMI	TYPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
DINING AREA AND SUSHI BAR.	ONE FRONT ENTRANC	E AND ONE BACK ENTRAN	ICE
I hereby certify and swear under pena			
1. the renewed license will be	* *	<u>*</u>	
•		onwealth relating to taxes; and	
3. the premises are now open	for business (If not explain	in below)	
SIGNED BY Individual, Par	rtner or Authorized Corpor	rate Officer	
,	·		
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	39000161		CITY (	OR TOWN	FALMOUT	ГН
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: W	VINDWARD ME	RCHANTS LLC	1			
DOING BUSINESS A	WILD HARBOE	GENERAL STO	ORE			
ADDRESS 198- 200 MA	AIN ROAD					
CITY/TOWN: FALMO	OUTH	STATE: N	MA ZIP	CODE:	02556	
MANAGER: ROWITZ	Z,RAY A. TYF	PE OF LICENSE	E:Package Sto	ore C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YO	OUR EMAIL ADDR	ESS		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
STONE FOUNDATION FRONT/SIDE OF BUIL BUILDING						
I hereby certify and swea	ar under penalties	of perjury that:				
	license will be of		r the same pr	emises now	licensed;	
	nas complied with		_			
	are now open for			_		
SIGNED BY						
Ir	ndividual, Partner	or Authorized C	Corporate Off	icer		
			Γ			
DATE:	TELEPHON	E NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(N	ote: NOT Inc	lividual Social S	Security Number)
Please Check Below:						OD MEN
APPROVED:				AL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	039000162		CITY OR TOV	WN FALMOU	IП
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:					
DOING BUSINESS A	PHUSION GRILLE				
ADDRESS 73 WATE	R STREET				
CITY/TOWN: FALM	MOUTH	STATE: MA	ZIP CODE	2: 02543	
MANAGER: GRIGA	AS, CAROL TYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	S:			
I hereby certify and sw					
	d license will be of the		-		
	e has complied with all			ng to taxes; and	
3. the premise	es are now open for bu	siness (If not expl	ain below)		
GIGNED DV					
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
	,	·			
DATE:	TELEPHONE I	NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	12221110112	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Note: <b>NO</b> )	Γ Individual Social S	Security Number)
We the undersigned,	attact that we are in	noccession (1) th	a cartificata rac	united by Chant	for 301 of the
Acts of 2004, signed					
named license and (2	the certificate of lic	quor liability insu	rance required	by Chapter 110	of the Acts
of 2010.					
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:	$\neg$		By:		
(If disapproved explain					
(11 disappioved explain	11)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 039000168		CITY OR TOW	N FALMOU	ГН
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:					
DOING BUSINESS	A SAVON MAR	Γ			
ADDRESS 607 MAI	N ST				
CITY/TOWN: FAL	MOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: HATI	EM, ROLA T	YPE OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	MISES:			
	N COOLERS, WA	S STATION AND LIV ALK IN COOLER AN 256 SQ FT			
2. the license	e has complied w	of the same type for the ith all laws of the Com or business (If not explanation)	monwealth relating		
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEW	AL: Annual	LICENSED FOI	R 2013
	CLASS		YEAR
LICENSEE NAME: WHITE DOING BUSINESS A WHITE		INC.	
ADDRESS 435 PALMER AVI	ENUE		
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER: WHITE, DEBORAH A.	TYPE OF LICENSE:Pa	ackage Store CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
ONE STORY BLDG; FRONT WILL OCCUPY 250 S/F OF S			
I hereby certify and swear unde	er penalties of perjury that:		
•		ne same premises now licensed:	:
	• 1	nmonwealth relating to taxes; a	
	w open for business (If not exp	<u> </u>	
		,	
SIGNED BY			
Individu	al, Partner or Authorized Corp	porate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFI	
		ar Nom	
		(Note: NOT Individual Soc	
		(Note: <u>NOT</u> Individual Soc	
Please Check Below:		(Note: <u>NOT</u> Individual Soc LOCAL LICENSING AU	cial Security Number)
APPROVED:			cial Security Number)
APPROVED: DISAPPROVED:		LOCAL LICENSING AU	cial Security Number)
APPROVED:		LOCAL LICENSING AU	cial Security Number)
APPROVED: DISAPPROVED:		LOCAL LICENSING AU	cial Security Number)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 039000173		CITY OR TOWN FALMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N	AME: Casino Restau	rant, LLC	
DOING BUSI	NESS A Casino FX		
ADDRESS 28	66 Grand Ave		
CITY/TOWN	: FALMOUTH	STATE: MA	ZIP CODE: 02540
MANAGER:	PAULINI, THOMAS J.	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
	N OF LICENSED PR		
with a bar and		onal exterior seating on the	d ave and a 2nd ent/exit off the rear deck rear deck. 2nd floor with a bar and dining
I hereby certify	y and swear under pena	alties of perjury that:	
1. the	renewed license will b	be of the same type for the s	ame premises now licensed;
2. the	licensee has complied	with all laws of the Commo	onwealth relating to taxes; and
3. the	premises are now oper	n for business (If not explai	n below)
SIGNED BY	Individual. Pa	urtner or Authorized Corpor	ate Officer
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	12221	.101,21,01,1221	(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROV			
(If disapprove	u expiaiii)		
DATE:			



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LICENSE NUMBER: 03	39000174		CITY OR TO	WN FALMOU	III
APPLICATION FOR RI	ENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: SI	IACA INC.				
DOING BUSINESS A	OSTERIA LA C	IVETTA			
ADDRESS 133 MAIN S	ST.				
CITY/TOWN: FALMO	OUTH	STATE: MA	ZIP CODE	E: 02540	
MANAGER: gubellini	,pamela a. TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMI	ISES:			
ENTRANCE ON MAIN	STREET, BAC	K ENTRANCE ONT	O DECK. 2 SE	ATING AREAS	. DOOR
ON MAIN STREET OP					
AREA AND DINING A					
AREA, KITCHEN BEHI AREAS WITHAN ADD			K DECD.2 AD	DITIONAL SEA	ATING
I hereby certify and swea					
•	•	f the same type for the	same premises	now licensed;	
		h all laws of the Comr	•		
	•	r business (If not expl		8	
		, 1			
SIGNED BY					
	ndividual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLO	OYER IDENTIFICA	TION NUMBER:
			(Note: NO	T Individual Social	Security Number)
TT 4 1 1 1 1			4.60		. 204 6.1
We the undersigned, a Acts of 2004, signed by					
named license and (2)					
of 2010.		<b>1</b>		- wy	
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:			, .		
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: (	)39000177		CITY OR TOWN	FALMOUT	TH
APPLICATION FOR F	RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: N	NEW FALMOUTH	GOLF LLC			
DOING BUSINESS A	THE GOLF CLUB	OF CAPE COD			
ADDRESS 132 FALM	OUTH WOODS RO	OAD			
CITY/TOWN: FALM	OUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: PASSIC CHARL	· ·	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEP	BSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LI					
FIRST FLOOR; LIVIN ROOM, PORCH, LOC WAY(SNACK BAR)					
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	he same type for the	same premises now	licensed;	
2. the licensee	has complied with a	all laws of the Comm	nonwealth relating	to taxes; and	
3. the premises	s are now open for b	ousiness (If not expla	in below)		
SIGNED BY	Individual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building insp	pector and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	٦		By:		
DISAPPROVED: (If disapproved explain					
(11 disapproved explain	,				
DATE:					



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LICENSE NU	MBER: 039000181		CITY OR TOWN	FALMOUT	H
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		7	YEAR
LICENSEE NA	AME: ARTIE'S CA	FÉ			
DOING BUSI	NESS A				
ADDRESS 28	1 MAIN				
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER:	ROBICHAUD, ARTHUR W.	TYPE OF LICENSE: Rest	caurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
	N OF LICENSED PR				
	R SPACE CONSISTI ESS AND EGRESS.	NG OF BETWEEN 800 AN	√D 900 SQ. FT. W	ITH BACK A	ND
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the s	same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Comm	onwealth relating to	o taxes; and	
3. the	premises are now ope	en for business (If not explain	in below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corpor	rate Officer		
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATI	
			(Note. NOT mo	lividual Social Se	curity Number)
		ve are in possession (1) the			
		ng inspector and the head ate of liquor liability insur			
of 2010.	e and (2) the certifica	ate of inquot nability insuf	ance required by	спарист 110	of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:	21,01101110	
DISAPPROVI	ED:		•		
(If disapproved	d explain)				
DATE:					
D.111.					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 039000184		CITY OR TOWN FALMO	OUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: POLICE ATE	ILETIC LEAGUE OF CA	PE COD	
DOING BUSI	NESS A			
ADDRESS 279	9 BRICK KILN ROA	D		
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER:	MEDEIROS, RUSSELL	TYPE OF LICENSE: Ch	ıb CATEGOR'	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PR			
			HANDICAPPED BATHROOM SOUTH SIDESEATING C	
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	nonwealth relating to taxes; ar	nd
3. the	premises are now ope	n for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Cha d of the fire department for t trance required by Chapter 1	he above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0390	)00186	CITY OR TOWN	FALMOUTH
APPLICATION FOR REN	NEWAL: Annua	al LICEN	SED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: JCC.	J VENTURES, LLC		
DOING BUSINESS A TH	IE GLASS ONION		
ADDRESS 37 NORTH MA	AIN ST		
CITY/TOWN: FALMOU	TH STATE:	MA ZIP CODE:	02540
MANAGER: CHRISTIA JOSHUA	N, TYPE OF LICENS	SE:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	NSED PREMISES:		
	VITH SUMMER PORCH. TV LOT, 4 DINING ROOM DO PACE		
I hereby certify and swear ı	under penalties of perjury that	•	
1. the renewed lice	ense will be of the same type f	For the same premises now	licensed;
2. the licensee has	complied with all laws of the	Commonwealth relating to	o taxes; and
3. the premises are	e now open for business (If no	t explain below)	
SIGNED BY Indiv	vidual, Partner or Authorized	Corporate Officer	
D.A.TIE			
DATE:	TELEDITONE MIMDED.	EMDI OVER	IDENTIFICATION NUMBER
DITE.	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
DITE.	TELEPHONE NUMBER:		lividual Social Security Number)
We the undersigned, atte Acts of 2004, signed by the	est that we are in possession he building inspector and the certificate of liquor liability	(Note: <u>NOT</u> Ind (1) the certificate require e head of the fire departi	ed by Chapter 304 of the ment for the above
We the undersigned, atte Acts of 2004, signed by th named license and (2) the	est that we are in possession he building inspector and th	(Note: <u>NOT</u> Ind (1) the certificate require e head of the fire departs y insurance required by	ed by Chapter 304 of the ment for the above
We the undersigned, atte Acts of 2004, signed by th named license and (2) the of 2010.	est that we are in possession he building inspector and th	(Note: <u>NOT</u> Ind (1) the certificate require e head of the fire departs y insurance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.  Please Check Below: APPROVED: DISAPPROVED:	est that we are in possession he building inspector and th	(Note: <u>NOT</u> Ind (1) the certificate require e head of the fire departs y insurance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.  Please Check Below: APPROVED:	est that we are in possession he building inspector and th	(Note: <u>NOT</u> Ind (1) the certificate require e head of the fire departs y insurance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.  Please Check Below: APPROVED: DISAPPROVED:	est that we are in possession he building inspector and th	(Note: <u>NOT</u> Ind (1) the certificate require e head of the fire departs y insurance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUI	MBER: 039000189		CITY OR TOWN	FALMOUT	ГН
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: FALMOUTH CINI	EMA LLC			
DOING BUSIN	NESS A FALMOUTH CIN	NEMA PUB			
ADDRESS 137	7 TEATICKET HIGHWA	Y			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER:	HANNEY, BRIAN TYP	'E OF LICENSE:R	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PREMIS				
	VIE THEATER AND RES TRANCE/EXIT OFF THE				
I hereby certify	and swear under penalties	of perjury that:			
1. the	renewed license will be of	the same type for th	e same premises now	licensed;	
2. the 1	licensee has complied with	all laws of the Con	nmonwealth relating to	o taxes; and	
3. the 1	premises are now open for	business (If not exp	olain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:			ION NUMBER:
			(Note: NOT Inc	ividuai Sociai S	ecurity Number)
Acts of 2004,	signed, attest that we are signed by the building ins e and (2) the certificate of	spector and the he	ad of the fire depart	ment for the	above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				<del></del>
			-		
DATE:					



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LICENSE NUMBE	ER: 039000191		CITY OR TOWN	FALMOUTH	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YE	AR
LICENSEE NAME	: DJ'S HOLDINGS	, INC			
DOING BUSINESS	S A DJ'S FAMILY S	PORTS PUB			
ADDRESS 872 MA	AIN STREET				
CITY/TOWN: FA	LMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: CA	RLIN, DENNIS TY	PE OF LICENSE:	Restaurant C.	ATEGORY: A	ll Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMI	SES:			
INCLUDING APP		F SPACE, 1 MAIN	ET ( COLINIAL SHO FRONT ENTRANC! JILDING		* * * * * * * * * * * * * * * * * * *
I hereby certify and	swear under penaltie	s of perjury that:			
1. the rene	wed license will be of	the same type for the	ne same premises now	licensed;	
	•		nmonwealth relating t	to taxes; and	
3. the pren	nises are now open for	r business (If not ex	plain below)		
SIGNED BY	Latitat Deve	A d 1 C	OSC		
	individuai, Partne	r or Authorized Cor	porate Officer		
DATE:			EMPLOYEI		I NIIIMDED.
DATE.	TELEPHON	NE NUMBER:		R IDENTIFICATION dividual Social Secur	
					,,
Acts of 2004, sign	ed by the building in	spector and the he	the certificate requir ad of the fire depart surance required by	ment for the abo	ove
Please Check Below:			LOCAL LICENS	SING AUTHOR	ITY
APPROVED:			By:		
DISAPPROVED:	1.:				
(If disapproved exp	nam)				
			-		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual CLASS	
CI ACC	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: CARMINE & DEBRA BACCARI, II DOING BUSINESS A BACCARI'S DINER	NC
ADDRESS 362 NORTH FALMOUTH HIGHWAY	
CITY/TOWN: FALMOUTH STATE: MA	A ZIP CODE: 02540
MANAGER: BACCARI, DEBRA TYPE OF LICENSE:	Restaurant CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	IR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
MAIN ENTRANCE, REAR ENTRANCE AND EXIT. MA THAT SEATS 7, 4 BOOTHS AND 8 TABLES. TOTAL S HANDICAPPED BATHROOMS	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for t	the same premises now licensed;
2. the licensee has complied with all laws of the Co	ommonwealth relating to taxes; and
3. the premises are now open for business (If not ex	xplain below)
SIGNED BY Individual, Partner or Authorized Co.	orporate Officer
	orporate Officer
Individual, Partner or Authorized Co	
	EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized Co	
Individual, Partner or Authorized Co	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the lead of the fire department for the above
Individual, Partner or Authorized Co  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.  Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the lead of the fire department for the above
Individual, Partner or Authorized Co  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the henamed license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the lead of the fire department for the above insurance required by Chapter 116 of the Acts
Individual, Partner or Authorized Co  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the lead of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Co  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the henamed license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the lead of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Co  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the lead of the fire department for the above insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 039000193		CITY OR TO	OWN FALMOU	ıп
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	QHOG INC.				
DOING BUSINESS	A QUAHOG R	REPUBLIC DIVE BAR			
ADDRESS 97 SPRI	NG BARS ROA	.D			
CITY/TOWN: FAI	LMOUTH	STATE: MA	ZIP COI	DE: 02540	
MANAGER: BEV	ANS, ERIK	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
		R, KITCHENMAIN E PARKING LOT WITH A			
I hereby certify and	swear under pen	alties of perjury that:			
1. the renew	ed license will b	be of the same type for the	e same premise	es now licensed;	
2. the licens	ee has complied	with all laws of the Com	monwealth rela	ating to taxes; and	
3. the premi	ses are now ope	n for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:		PLOYER IDENTIFICAT	
Acts of 2004, signe	d by the buildir	e are in possession (1) the ag inspector and the heate of liquor liability instance.	d of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					
					_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMI	BEK: 039000194		CITY OR TOWN	FALMOUTH
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAN	ME: CHDAMA CO	RPORATION		
DOING BUSINE	ESS A MEZZA			
ADDRESS 73 D	AVIS STRAITS			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER: B	BARBER, CHRISTOPHER J.	TYPE OF LICENSE: Rest	aurant C	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	EMISES:		
FRONT AND RI	EAR ENTRANCES/	OOD FRAME BUILDING EXITS ON FRONT AND ENT LEVEL AND EXIT	ON SECOND FLO	OORS WITH EXIT
I hereby certify a	nd swear under pena	lties of perjury that:		
1. the rea	newed license will be	e of the same type for the s	same premises now	licensed;
2. the lic	censee has complied	with all laws of the Comm	onwealth relating t	to taxes; and
3. the pr	emises are now open	for business (If not explain	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpor	rate Officer	
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sig	gned by the building	are in possession (1) the g inspector and the head te of liquor liability insur	of the fire depart	
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LICENS By:	SING AUTHORITY
- *				
DATE:				



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LICENSE NUMBER: 039000195		CITY OR TOWN	FALMOUT	ľH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: DOS NINOS,I	NC.			
DOING BUSINESS A ANEJO MEX	KICAN BISTRO			
ADDRESS 188 MAIN STREET				
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: KERSEY, JESSE	TYPE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PRE	EMISES:			
NO DISCRIPTION				
I hereby certify and swear under pena	lties of perjury that:			
1. the renewed license will be	e of the same type for the	same premises now	licensed;	
2. the licensee has complied	with all laws of the Comm	nonwealth relating t	o taxes; and	
3. the premises are now open	for business (If not expla	ain below)		
SIGNED BY				
Individual, Par	rtner or Authorized Corpo	rate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
		(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned attest that we	and in negacian (1) the	a aautifiaata uaaniu	ad by Chant	on 204 of the
We the undersigned, attest that we Acts of 2004, signed by the building	• , ,	_		
named license and (2) the certificat				
of 2010.				
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 039000196		CITY OR TOWN	FALMOUTH
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: DOING BUSINESS ADDRESS 146 SAN	A THE PIZZA BA			YEAR
CITY/TOWN: FAI	LMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER: DRE	W, ANDREA L.TY	PE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR V LICENSED PREMI DING.ENTRANCE	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	SIBILITY AND ONE
2. the licens	red license will be of ee has complied wit	f the same type for the h all laws of the Com r business (If not expl	monwealth relating to	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	d by the building ir	spector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBE	R: 039000197		CITY OR TOWN	FALMOUT	TH .
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	: BANGKOK FALMO	OUTH INC.			
DOING BUSINESS	S A BANGKOK CUIS	INE			
ADDRESS 809 MA	AIN STREET				
CITY/TOWN: FA	LMOUTH	STATE: MA	ZIP CODE:	02540	
	NNAASANDILO TYPI TANAPON	E OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMISE				
	OF BRICK DUPLEX I R ENTRANCES AND		IPRISING APPROX.	1400 SQ F	T WITH
I hereby certify and	swear under penalties of	of perjury that:			
1. the renev	wed license will be of the	ne same type for th	e same premises now	licensed;	
2. the licens	see has complied with a	all laws of the Com	nmonwealth relating to	taxes; and	
3. the prem	ises are now open for b	ousiness (If not exp	lain below)		
SIGNED BY			0.00		
	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:			EMBLOVED	IDENTIFICATE	NON NUMBER
DATE.	TELEPHONE	NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp	ector and the hea	ad of the fire departr	nent for the	above
named license and of 2010.	(2) the certificate of l	iquor liability ins	urance required by (	Chapter 116	of the Acts
Please Check Below:			LOCAL LICENS	ING AUTH(	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE:					



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LICENSE NUMBER	R: 039000198		CIT	Y OR TOWN	FALMOUT	CH
APPLICATION FOR	R RENEWAL:	Annu	ıal	LICEN	NSED FOR 20	)13
		CLA	SS			YEAR
LICENSEE NAME:	GREEN POND Y	ACHT CLUB.	INC.			
DOING BUSINESS	A GREEN POND	YACHT CLUE	3			
ADDRESS 470 ACA	APESKET ROAD &	& 366 MENAU	HANT ROA	D		
CITY/TOWN: FAL	MOUTH	STATE:	MA	ZIP CODE:	02540	
MANAGER: BOO	N, KRISTIN TY	YPE OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL AI	DDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:				
FIRST FLOOR BAR PRIORTY DINING DECK.						
I hereby certify and s	swear under penaltie	es of perjury tha	ıt:			
1. the renew	red license will be o	of the same type	for the same	premises nov	w licensed;	
2. the license	ee has complied wi	th all laws of the	e Commonw	ealth relating	to taxes; and	
3. the premis	ses are now open for	or business (If n	ot explain be	elow)		
SIGNED BY				O 60"		
	Individual, Partne	er or Authorized	1 Corporate (	Officer		
DATE.						
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT adividual Social S	
				(****** <u>*****</u> 11	iai viduai Boeiai B	cearity (vaniser)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building i	nspector and tl	he head of tl	he fire depar	tment for the	above
Please Check Below:			LC	OCAL LICEN	SING AUTHO	ORITY
APPROVED:			Ву	<b>/</b> :		
DISAPPROVED:						
(If disapproved expla	ain)		_			
DATE:			_			



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LICENSE NUM	BER: 039000199		CITY OR TOWN	FALMOUTH
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
	ME: JNV VENTU			
ADDRESS 271				
CITY/TOWN:		STATE: MA	ZIP CODE:	02540
MANAGER: A	ANTONAKAKIS, IJOHN N.	TYPE OF LICENSE: Re	staurant C	CATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
OPEN KITCHES LINETHE PR I hereby certify a	N" CONTAINING A EP AREA IS IN TH and swear under pen	DICAPPED ACCESSIBLE A BRICK OVEN FOR PL HE BACK OF THE ESTA alties of perjury that:	ZZAS AS WELL A BLISHMENT	S A S COOKING
2. the lie	censee has complied	be of the same type for the l with all laws of the Common for business (If not expl	monwealth relating	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sig	gned by the buildir	ng inspector and the head	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below	<u>.</u>		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiain)			
DATE:				



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 039000200		CITY OR TOWN	FALMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PAUL P. MOUSH	IGIAN		
DOING BUSINESS A THE FISHMON	GER CAFÉ		
ADDRESS 56 WATER STREET			
CITY/TOWN: FALMOUTH	STATE: MA	ZIP CODE:	02540
MANAGER: MOUSHIGIAN, TY PAUL P.	PE OF LICENSE: Rest	aurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
FIRST FLOOR-KITCHEN, DINING RO			
KITCHEN, PREP AREA, STORAGE ROSTORAGE/SUPPLY ROOMENTRAN			FFICE,
ENTRANCE/EXITS: 1 FROM SIDE OF	BUILDING TO DYE	RS DOCK PARKIN	NGLOT
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the s	same premises now l	icensed;
2. the licensee has complied with	n all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY			
Individual, Partner	r or Authorized Corpor	rate Officer	
DATE: TELEPHON		EMPLOYER	IDENTIFICATION NUMBER
TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
			raum Boom Booming Pambol)
We the undersigned, attest that we are			
Acts of 2004, signed by the building in named license and (2) the certificate of			
of 2010.	1	1	
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain)		-	
DATE:			



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LICENSE NUMBER: 03	39000201	C	ITY OR TOWN	FALMOUT	H
APPLICATION FOR RI		Annual CLASS	LICEN	SED FOR 20	013 YEAR
	14 NORTH BAR & GRIL 144 MPRTJ BAR & GRII	LE INC.			
ADDRESS 444 NORTH	I FALMOUTH HIGHWA	Y			
CITY/TOWN: FALMO	OUTH STA	TE: MA	ZIP CODE:	02540	
MANAGER: CIRIGLI HEIDI M		CENSE: Restau	ırant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL	L ADDRESS		1
DESCRIPTION OF LIC	ENSED PREMISES:				
1800 SQ.FT. OF ONE F PLUS PATIO.	LOOR SPACE,TWO EN	TRANCE/EXI	ΓS 9PLUS KITC	HEN ENT/EX	XIT
	as complied with all laws are now open for business		· ·	o taxes; and	
In	ndividual, Partner or Author	orized Corporat	te Officer		
DATE:	TELEPHONE NUMI	BER:		R IDENTIFICAT	
Acts of 2004, signed by	ttest that we are in posse the building inspector a the certificate of liquor l	and the head of	f the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 039000202		CITY OR TOWN FALMOU	l H
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE N.	AME: SHARRON	VANNERSON		
DOING BUSI	NESS A BEAN AND	D COD		
ADDRESS 14	0 MAIN STREET			
CITY/TOWN:	FALMOUTH	STATE: MA	ZIP CODE: 02540	
MANAGER:	VANNERSON, SHARRON	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Cordials
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
REAR; ONE THALLWAY, T	THROUGH KITCHE	ENSINGLE ENTRANCE FROM HALLWAY INTO	ROX. 2600 SQ FTTWO EXITS FROM STREET INTO COMMO BUSINESS PROPERCAFÉ AI	ON
I hereby certify	y and swear under pe	nalties of perjury that:		
		• •	e same premises now licensed;	
	•		monwealth relating to taxes; and	
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY	Individual, F	artner or Authorized Corp	orate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Acts of 2004,	signed by the build	ing inspector and the hea	ne certificate required by Chapt ad of the fire department for the urance required by Chapter 116	above
Please Check Bel	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)		-	<del></del>
DATE:				



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LICENSE NUMBER	: 039000203		CITY OR TOW	N FALMOU	ГН
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	DANNY KAY'S	CULINARY PROD	UCTIONS, INC		
DOING BUSINESS A	A LANDUCCI IT	ALIA			
ADDRESS 824 MAII	N STREET				
CITY/TOWN: FALL	MOUTH	STATE: MA	ZIP CODE:	02540	
MANAGER: BART JOHN		PE OF LICENSE:I	nnholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF I					
TWO LOBBIES, KIT MEETING ROOM, F ENTRANCES AND	UNCTION ROOM				EA,
I hereby certify and sv	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be o	f the same type for t	he same premises no	w licensed;	
2. the license	e has complied with	th all laws of the Co	mmonwealth relating	g to taxes; and	
3. the premis	es are now open fo	or business (If not ex	plain below)		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:			EMPLOY	ER IDENTIFICAT	FION NUMBER.
DITTE.	TELEPHO	NE NUMBER:		Individual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	nspector and the he	ead of the fire depa	rtment for the	above
Please Check Below: APPROVED:	_		LOCAL LICEN By:	NSING AUTH	ORITY
DISAPPROVED:					
(If disapproved explain	in)		<del></del>		
DATE:					



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LICENSE NUMBER:	039000204		CITY OR TO	WN FALMOU	ľH
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GROGAN'S GRILL	E 327 INC.			
DOING BUSINESS A	GRILLE 327				
ADDRESS 327 GIFFO	ORD STREET				
CITY/TOWN: FALM	MOUTH	STATE: MA	ZIP COD	E: 02540	
MANAGER: GROOMICH		E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
APPROX. 3,000 SQ. I INTERIOR OF BUILD AND 3 RESTROOMS	DING CONSISTS O				
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of the	he same type for th	e same premises	now licensed;	
2. the licensee	e has complied with	all laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premise	es are now open for b	ousiness (If not exp	olain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICAT	
			(Note: NC	<u>T</u> Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the hea	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTHO	ORITY
APPROVED:	$\neg$		By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN FALMOUTH		
Annual	LICENSED FOR 2	013
CLASS		YEAR
ATE: MA	ZIP CODE: 02540	
JCENSE: Restau	category:	Wine and Malt Regular
D ENTER YOUR EMAIL	ADDRESS	
ury that:		
e type for the san	ne premises now licensed;	
	•	
s (If not explain	below)	
norized Corporat	e Officer	
IBER·	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:
(Note: NOT Individual Social Security Numb		Security Number)
and the head of	the fire department for the	above
I	LOCAL LICENSING AUTH	ORITY
I	By:	
i i i	Annual CLASS  ATE: MA ICENSE: Restaut  DENTER YOUR EMAIL  XIT LEFT REAL CESSIBLE BAT  ary that: e type for the san s of the Common s (If not explain  horized Corporat  BER:  BESSION (1) the contained the head of liability insuran	Annual LICENSED FOR 2 CLASS  ATE: MA ZIP CODE: 02540  LICENSE: Restaurant CATEGORY:  DENTER YOUR EMAIL ADDRESS  XIT LEFT REARDINING AREA WITH 5 CESSIBLE BATHROOMSKITCHEN AND LITY that:  e type for the same premises now licensed; s of the Commonwealth relating to taxes; and s (If not explain below)  CITY OF THE STATE OF THE

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 039000206		CITY OR TOWN FALM	IOUTH
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	FAMILY VENTUR	ES INC.		
DOING BUSINESS	A JIMMY BROWN'S	S CAFÉ		
ADDRESS 339 EAS	ST FALMOUTH HIGH	HWAY		
CITY/TOWN: FAI	LMOUTH	STATE: MA	ZIP CODE: 02540	)
MANAGER: LON	IG, JONATHAN TYPI	E OF LICENSE: Re	staurant CATEGO	RY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMISI			
BUILDING. ONE E KITCHENHANDI	NTRANCE/EXIT AT	REAR OF DINING MENS R.RCA	FRANCE/EXIT AT FRONT G ROOM, ONE ENTRANCI PACITY AT 62 WITH 38 SI	E/EXIT IN
I hereby certify and	swear under penalties o	of perjury that:		
		• •	e same premises now licensed	
			monwealth relating to taxes;	and
3. the premi	ses are now open for b	ousiness (If not expl	ain below)	
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIF	
Acts of 2004, signe	d by the building insp	ector and the hea	ne certificate required by Cl d of the fire department for urance required by Chapter	r the above
Please Check Below:			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED: [	ain)			
(11 disappioved expi	a111 <i>)</i>			
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)